

Name
in
Full

Emma Virginia Bachtell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1908	Month	10	Day	11
Age	52	Years	5	Months	11
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>David Bachtell</i>		
Father's Name	<i>Henry Lydie</i>		Father's Birthplace <i>Md</i>		
Mother's Maiden Name	<i>Liddy Cordell</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information	<i>Mrs James Foulke</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral insufficiency, paralysis</i>	How long	<i>24 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Dugan</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>			

W
2/3

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Daniel E. Baker		Town Hagerstown		County Wash.		MARYLAND	
Died at Hagerstown		Month 10		Day 30		Age 42	
Date of death 1908		Years 42		Months —		Days —	
Sex male		Color or Race white		Birth-place Md.			
Occupation Laborer		Where Residing if not at place of death — — — — —					
Married, Single or Widowed married		Name of Wife Catherine Baker.					
Father's Name David H. Baker		Father's Birthplace Md.					
Mother's Maiden Name Catherine R. Eavey		Mother's Birthplace "					
Name of person giving information Frank Baker		How related to deceased brother.					

CAUSES OF DEATH

How long **7 weeks**
How long **12 hrs.**

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 7 weeks
Immediate Exhaustion & Cardiac Failure	How long 12 hrs.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B. H. Hagan
	Address Hagerstown Md.
Accident or Suicide? —	

Leitung

Name
in
Full

Elmer Jacob Barnes

CERTIFICATE OF DEATH

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death **190** ^{Month} *10* ^{Day} *16* ^{Age} *35* ^{Years} *1* ^{Months} *19* ^{Days}

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jacob Barnes* Father's Birthplace *MD*

Mother's Maiden Name *Emma Prides* Mother's Birthplace *MD*

Name of person giving information *Dasia M. Barnes* How related to deceased *Daughter*

CAUSES OF DEATH

27

Primary *Tuberculosis Pulmonary* How long *1 year*

Immediate *Heart Failure* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S W Umsted MD*

Address *Hagerstown*

Accident or Suicide? *no*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W

Frankston

Name
in
Full

Leah Bryan

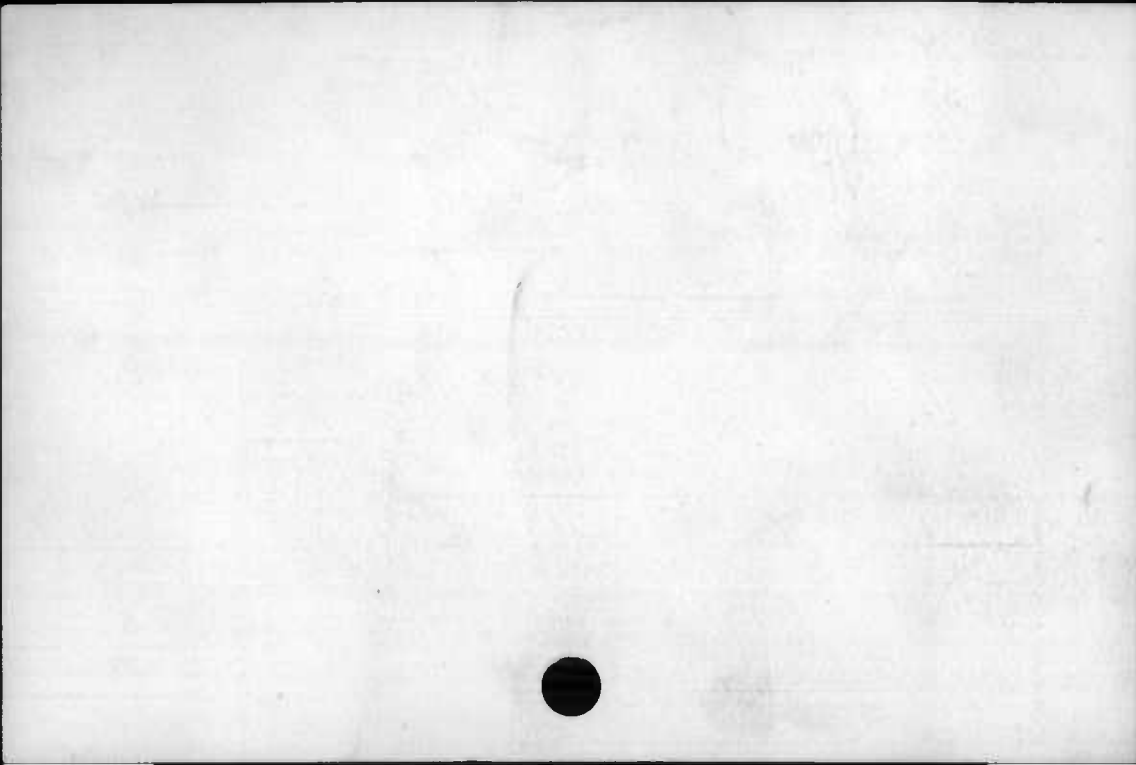
CERTIFICATE OF DEATH

Died at		Town Hagerstown		County wash.		MARYLAND	
Date of death		1908	Month 10	Day 21	Age Years 23	Months 1	Days 24
Sex female	Color or Race white		Birth- place Md.				
Occupation Clerk		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Otto Bryan		Father's Birthplace Md.					
Mother's Maiden Name Katherine Johnson		Mother's Birthplace "					
Name of person giving information Frederick Bryan		How related to deceased brother					

CAUSES OF DEATH

47

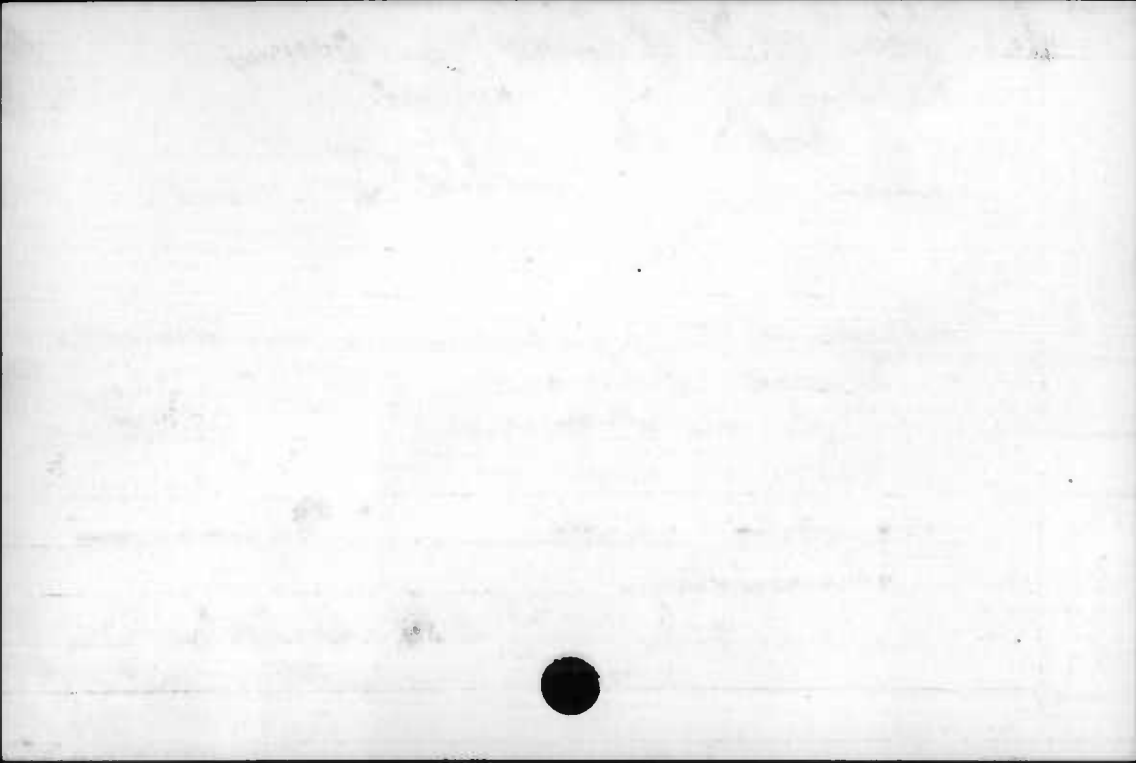
Primary	Endocarditis Rheumatic	How long	Three years
Immediate	Aortic Dilatation cardiac	How long	
Are the name, age, sex, color, date and place correctly given above?		yes-	
Signature of Physician		J. M. Wutz	
Address		Hagerstown	
Accident or Suicide?			



Name in Full		Still Born - Carbaugh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Reids - P.O.		Town		County	
		Date of death 1908		Month 10		Day 20	
		Age		Years		Months	
		Sex male -		Color or Race white		Birth-place Reids -	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name John H. Carbaugh		Father's Birthplace Ind			
Mother's Maiden Name Ida B. Hamilton		Mother's Birthplace Ind					
Name of person giving information John H. Carbaugh		How related to deceased Father					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Premature Birth		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician D. B. Miller per Victor Mueller			
				Address Hagerstown, Ind.			
		Accident or Suicide? no					

Broadfording

Name In Full		Margaret Cross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Beaver Creek		Washington		MARYLAND
	Date of death		190	Month	Oct.	Day	26
	Sex		Female		Age		Years
	Color or Race		White		Birth-place		Beaver Creek
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
FATHER'S NAME	Father's Name		William Cross		Father's Birthplace		Washington
	Mother's Maiden Name		Bimmie Pullon		Mother's Birthplace		Washington
	Name of person giving information		Jesse Pullon		How related to deceased		Uncle
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				Address		
Accident or Suicide?				Beaver Creek, Md.			



Name
in
Full

Still born Child of Lewis's Maud Downey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Halfway</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>Oct</u> ^{Day}	<u>17</u> ^{Age}	<u> </u> ^{Years}	<u> </u> ^{Months}
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth place	<u>Ind.</u>
Occupation	<u> </u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband <u> </u>			
Father's Name	<u>Lewis Downey</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Maud Show</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Lewis Downey</u>			How related to deceased	<u>Father.</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	<u>5</u> ^{How long}	<u>6 mos</u>
Immediate	<u>Transition</u>	<u> </u> ^{How long}	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. H. Gaither</u>
		Address	<u>Williamsport Md.</u>
Accident or Suicide?			

Chas. Smith,
Hagerstown

Name
in
Full

Nellie P. Ely

CERTIFICATE OF DEATH

Died at *Miller's Saw Mill* ^{Town} *Washington* ^{County}

MARYLAND

Date of death *1908* ^{Month} *Oct.* ^{Day} *30* Age ^{Year} *3* ^{Months} *3* ^{Days} *1*Sex *Female* Color or Race *White* Birth-place *Miller's Saw Mill*Occupation *None* Where Residing if not at place of death _____Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *William Ely*Father's Birthplace *Frederick, Md.*Mother's Maiden Name *Hannah Jamison*Mother's Birthplace *Antietam, Md.*Name of person giving information *Wm Ely*How related to deceased *Father*

CAUSES OF DEATH

6

Primary *Measles*

How long _____

Immediate *Broncho-pneumonia*How long *About 10 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

E. W. Garrett
Dr. Wm. Garrett

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. S. Wade
undertakes
()

Name
in
Full

CERTIFICATE OF DEATH

Annal B Ferguson

TO BE ANSWERED BY
NEAREST FRIEND

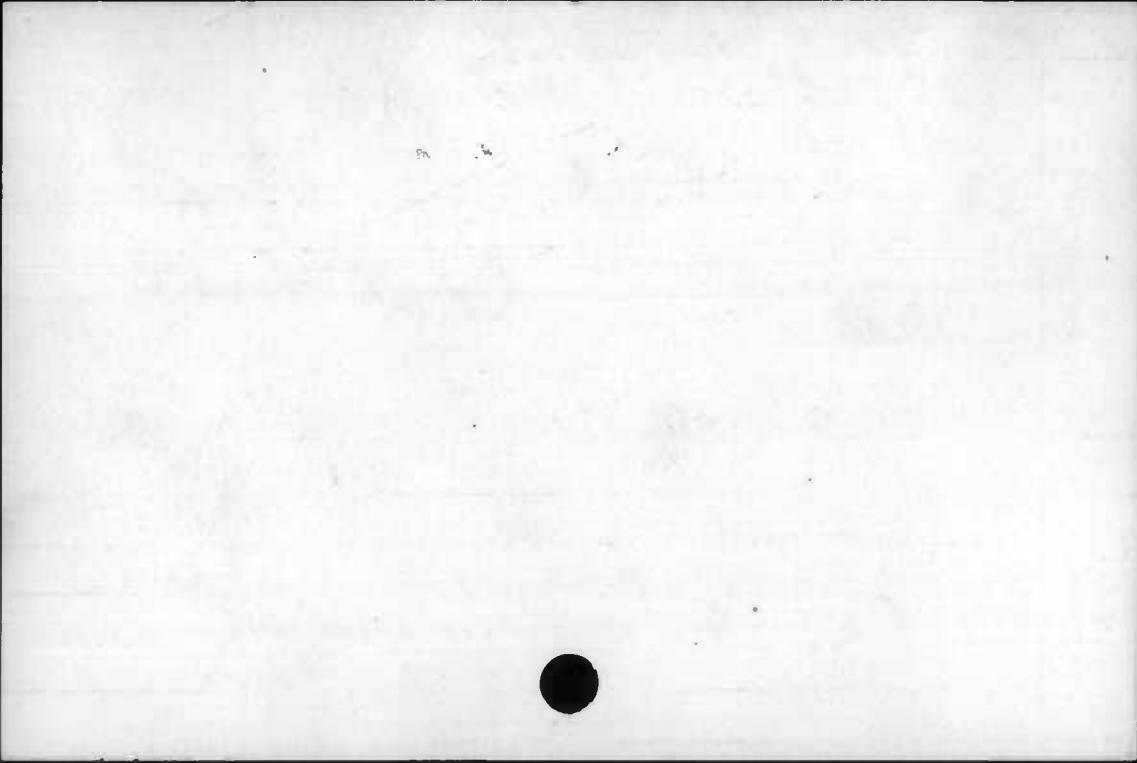
Died at <i>Smithsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>4</i>	Years <i>34</i>	Months <i>8</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Mercersburg Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Smithsburg</i>				
Married, <i>Single</i> or <i>Widowed</i>	Name of Wife Husband <i>John H Ferguson</i>				
Father's Name <i>George W Wolf</i>	Father's Birthplace <i>Lextersburg Ind</i>				
Mother's Maiden Name <i>Cristine Hunsong</i>	Mother's Birthplace <i>Newcastle Pa</i>				
Name of person giving information <i>John H Ferguson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>11 Days</i>
Immediate <i>Heart Failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr M D Kefauver</i>
	Address <i>Smithsburg</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Williamsport* ^{Town} *Washington* ^{County}

Date of death *1908* ^{Month} *October* ^{Day} *26th*

Age *6* ^{Years}

Months *11*

Days *17*

Sex *Male*

Color or Race *White*

Birth-place *Mr. Hagerstown, Md*

Occupation *none*

Where Residing if not at place of death

~~Married~~ Single

Name of Wife or Husband

Father's Name *John H Polty*

Father's Birthplace *Md*

Mother's Maiden Name *Lizzie Rose*

Mother's Birthplace *Pa*

Name of person giving information *John Polty*

How related to deceased *Father*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Concussion of Brain from a fall

Immediate

Cerebral Meningitis

How long

How long

three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. D. T. Leshner

Address

Williamsport Md

Accident ~~or Suicide?~~

Lyman
Broad Fording

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1908	Month	10	Day	16
Age	63	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Md.
Occupation	Domestic		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>James R Grant</i>		
Father's Name	<i>James R Grant</i>		Father's Birthplace <i>Va</i>		
Mother's Maiden Name	<i>No Record of</i>		Mother's Birthplace		
Name of person giving information	<i>James R Grant</i>		How related to deceased <i>Son</i>		

PHYSICIAN OR CORONER	Abscess of lower jaw followed by gangrene.		CAUSES OF DEATH	20
	Primary	<i>Blood Dyscrasia, from abscess</i>		How long <i>1 mo.</i>
	Immediate	<i>Gangrene + extension</i>		How long <i>about 10 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. B. Wilson M.D.</i>
Gangrene of muscles of lower jaw, anterior surface of neck, and upper anterior surface of chest.		Address	<i>157 1/2 N. Jonathan St Hagerstown Md.</i>	
Accident or Suicide?		<i>NO</i>		

LP

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

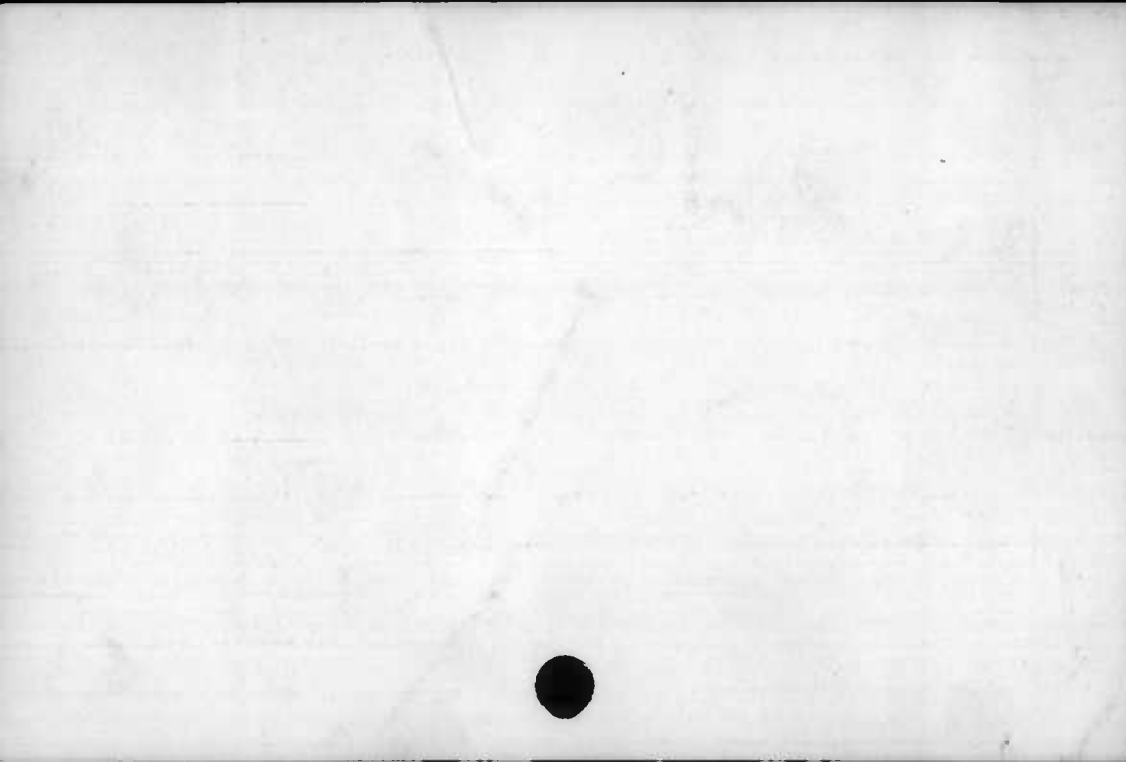
Died at <i>Hagerstown</i>		County <i>Wash</i>			
Date of death <i>1908</i>	Month <i>10</i>	Day <i>19</i>	Age <i>56</i>	Months <i>05</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>divorced</i>	Name of Wife or Husband <i>Mrs. K. Albert</i>				
Father's Name <i>Charles Gross</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Magdalene Nieman</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs J. W. Russell</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <i>Focal Impaction</i>	How long <i>19- hour</i>
Immediate <i>acute indigestion</i>	How long <i>12 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. L. Sniesley</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<p>Unmarried Child of Blain E. Grossmickel</p>										<p>CERTIFICATE OF DEATH</p>																			
<p>Died at Hagerstown <small>Town</small></p>										<p>Washington <small>County</small></p>										<p>MARYLAND</p>									
<p>Date of death 1908 <small>Year</small></p>					<p>10 <small>Month</small></p>					<p>5 <small>Day</small></p>					<p>Age — <small>Years</small></p>					<p>— <small>Months</small></p>					<p>1 <small>Days</small></p>				
<p>Sex Male</p>										<p>Color or Race White</p>										<p>Birth-place md</p>									
<p>Occupation Child</p>										<p>Where Residing if not at place of death</p>																			
<p>Married, Single or Widowed</p>										<p>Name of Wife or Husband</p>																			
<p>Father's Name Blain E. Grossmickel</p>										<p>Father's Birthplace md</p>																			
<p>Mother's Maiden Name Nettle L. Brandenburg</p>										<p>Mother's Birthplace md</p>																			
<p>Name of person giving information Blain E. Grossmickel</p>										<p>How related to deceased father</p>																			
<p>CAUSES OF DEATH</p>																													
<p>Primary Premature Birth</p>															<p>151 <small>How long</small></p>														
<p>Immediate</p>															<p>How long</p>														
<p>Are the name, age, sex, color, date and place correctly given above? yes</p>															<p>Signature of Physician J. E. Pittsburgh</p>														
<p></p>															<p>Address Hagerstown md</p>														
<p>Accident or Suicide?</p>																													

Wolfsville Md.

Name
in
Full

CERTIFICATE OF DEATH

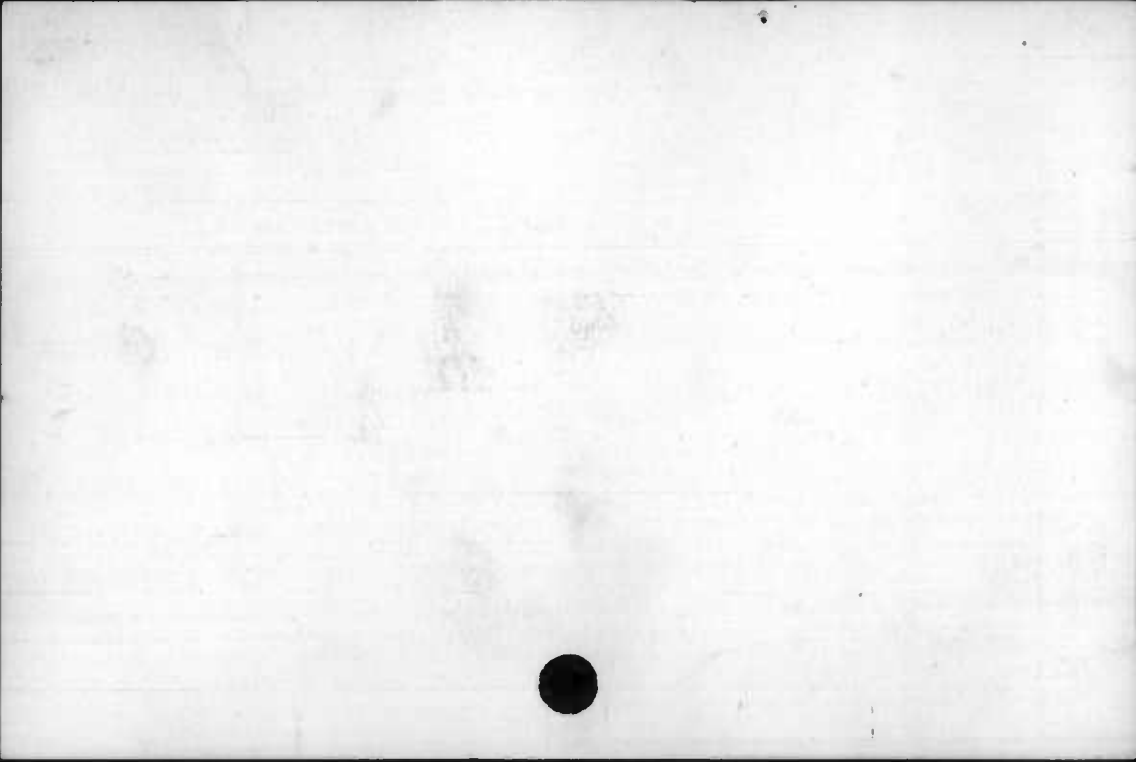
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Unnamed Child Harry Hale</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>10</i>		Day <i>4</i>		Age Years _____ Months _____ Days _____	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Harry Hale</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Margaret E Painter</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Harry Hale</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long <i>(S)</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. J. ...</i>	
Address _____		Address <i>Hagerstown MD</i>	
Accident or Suicide? _____			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>10</u> <small>Day</small> <u>14</u> <small>Years</small> <u>—</u> <small>Months</small> <u>10</u> <small>Days</small> <u>27</u>		MARYLAND	
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
		Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
FATHER'S NAME <u>A. Corbit Harper</u>		FATHER'S BIRTHPLACE <u>Md</u>			
		MOTHER'S MAIDEN NAME <u>Mary M. Stine</u>			
		MOTHER'S BIRTHPLACE <u>Md</u>			
NAME OF PERSON GIVING INFORMATION <u>A. Corbit Harper</u>		HOW RELATED TO DECEASED <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Cholera Colicis</u>		How long <u>14 days</u>	
		Immediate <u>Exhaustion</u>		How long <u>3 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. E. Pitman</u>	
		Address <u>Hagerstown Md</u>		Address <u>Hagerstown Md</u>	
		Accident or Suicide? <u>no</u>			

105

W
15

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mrs Eliza Jane Hazelwood*

Died at *near Hagerstown* Town *Washington* County

Date of death *1908* Month *10* Day *28* Age *82* Years Months *9* Days *28*

Sex *female* Color or Race *white* Birth-place *W. Va*

Occupation *H. W.* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Wife or Husband *James J. Hazelwood*

Father's Name *Geo Keough* Father's Birthplace *Md.*

Mother's Maiden Name *Margaret Kendall* Mother's Birthplace *Md.*

Name of person giving information *Annie R. Hazelwood* How related to deceased *Daughter*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *chronic Endocarditis Rheumatic* How long *1 year*

Immediate *Senility* How long *.. ..*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Dr Preston Miller*

Address *Hay md*

Accident or Suicide? *No*

Martinsburg, W. Va.
Suter

83

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Kebb* County *Wash.* MARYLAND

Died at *Hiddlersburg* Town

Date of death *1908* Month *Oct* Day *8* Age *—* Years Months *2* Days *14*

Sex *female* Color or Race *white* Birth-place *Md.*

Occupation *child* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Joseph Sheets* Father's Birthplace *Md.*

Mother's Maiden Name *Vellie Kebb* Mother's Birthplace *Md.*

Name of person giving information *Frank Albright* How related to deceased *none*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *one month*

Immediate *Heart Failure* How long *two days*

Are the name, age, sex, color, date and place correctly given above? *yes*

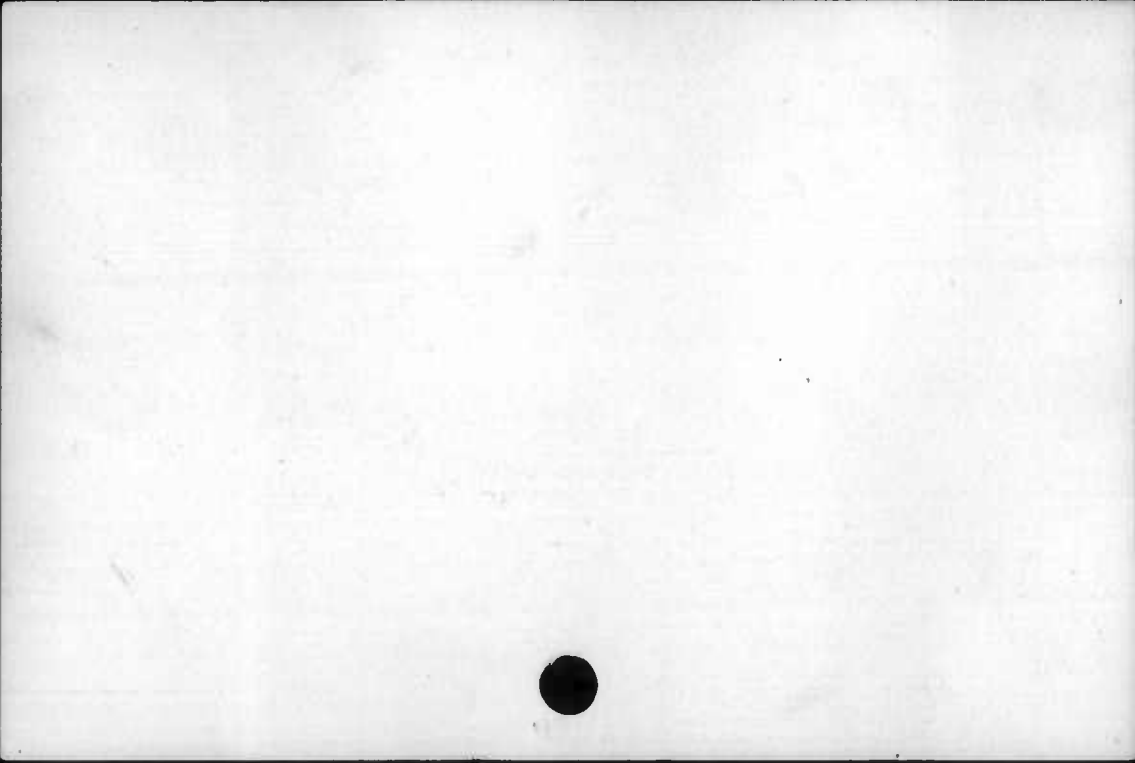
Signature of Physician *S H Umstot*

Address *Hagerstown Md*

Accident or Suicide? *—*

S
2872

Name in Full		Sec. J. Hollingsworth				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Smithsburg		Washington		MARYLAND			
		Date of death		1908	Month	10	Day	15	
		Age		60	Years		Months		
		Sex		Male	Color or Race		White	Birth-place	Smithsburg
		Occupation		Taylor	Where Residing if not at place of death		Smithsburg		
Married, Single or Widowed		Married	Name of Wife or Husband		none Anna Barbara Hollingsworth				
Father's Name		John J. Hollingsworth				Father's Birthplace		Frederick Co.	
Mother's Maiden Name		Evaline Gardner				Mother's Birthplace		Frederick Co.	
Name of person giving information		Chas. Hall				How related to deceased		Son	
		CAUSES OF DEATH				29			
PHYSICIAN OR CORONER		Primary				How long			
		Intestinal Tuberculosis				4 or 5 years			
		Immediate				How long			
		" + Sciatica				about 1 year			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				Dr. Jos. Prozman			
		Address				Smithsburg			
						Md.			
Accident or Suicide?									



Name
in
Full

Mary Louise Eseninger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

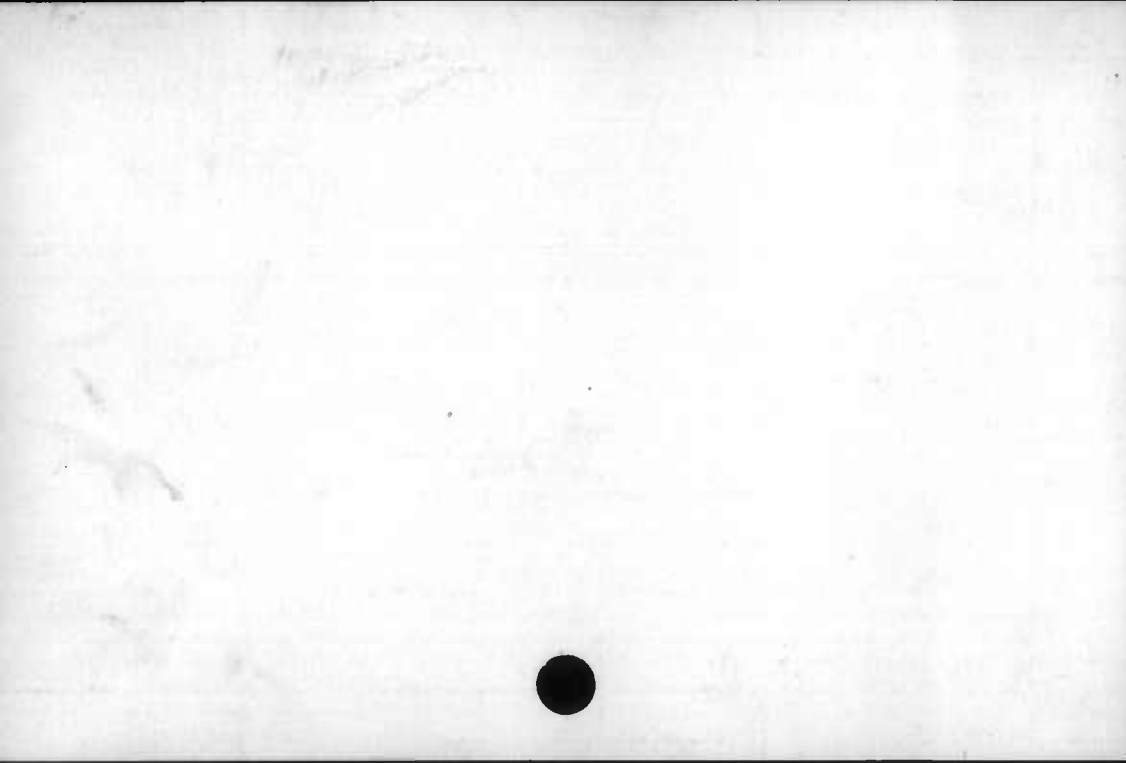
Died at		Town Frankstown		County Washington		MARYLAND	
Date of death	1908	Month Oct	Day 9	Age Years	3	Months	2 Days
Sex	Female		Color or Race	White		Birth- place	Frankstown
Occupation	Single			Where Residing if not at place of death Frankstown			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Dora A Eseninger			Father's Birthplace	
Mother's Maiden Name			Mary A Martle			Mother's Birthplace	
Name of person giving Information			Dora Eseninger			How related to deceased	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteritis Acutis	How long	3 weeks
Immediate	Bonechitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		F. S. Newcomer	
Address		Frankstown - Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

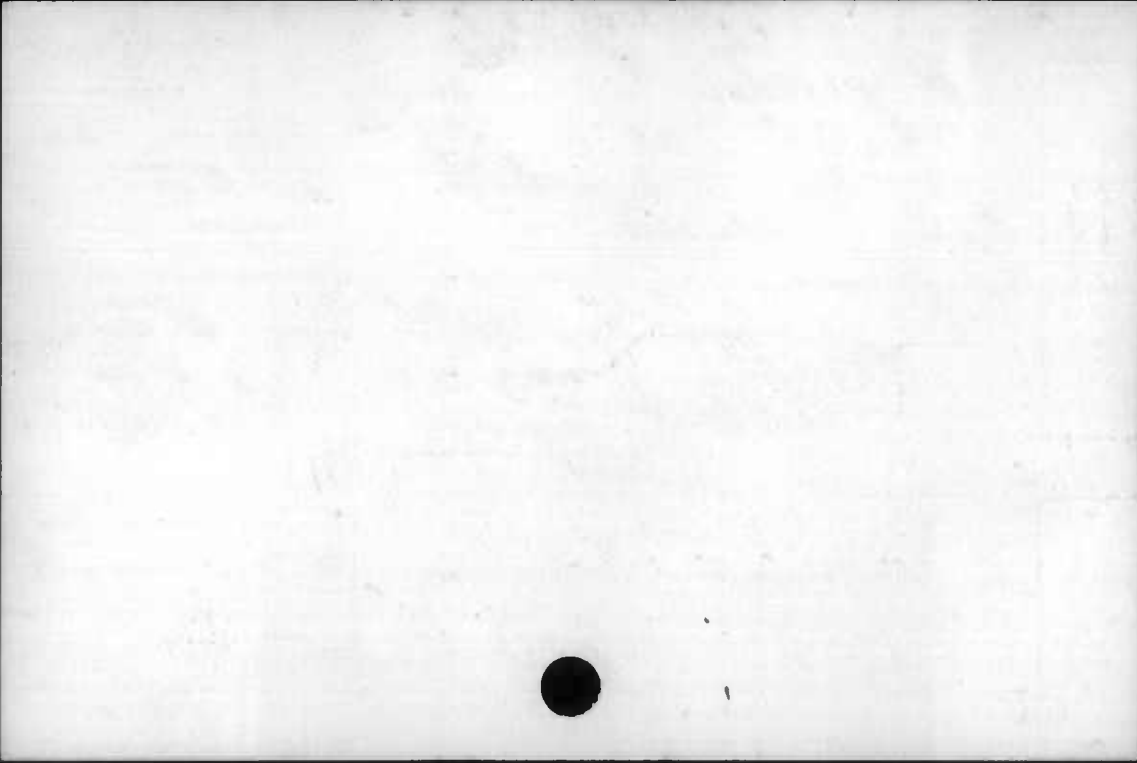
Name in Full <i>Sarah L. Jones</i>		Town <i>Garrett's Mill</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Garrett's Mill</i>		Month <i>10</i>		Day <i>14</i>		Age <i>52</i>	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>14</i>		Years <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Va.</i>		Months <i>8</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>2</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William T. Jones</i>		Father's Name <i>Amos Guthridge</i>		Father's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Sarah Redman</i>		Name of person giving information <i>Will Himes</i>		Mother's Birthplace <i>Va</i>		How related to deceased <i>Son-in-law</i>	

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>12 months</i>
Immediate <i>Purpura Anemia</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. T. Youtie</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide?	



Name
in
Full

Marvin W. Judd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

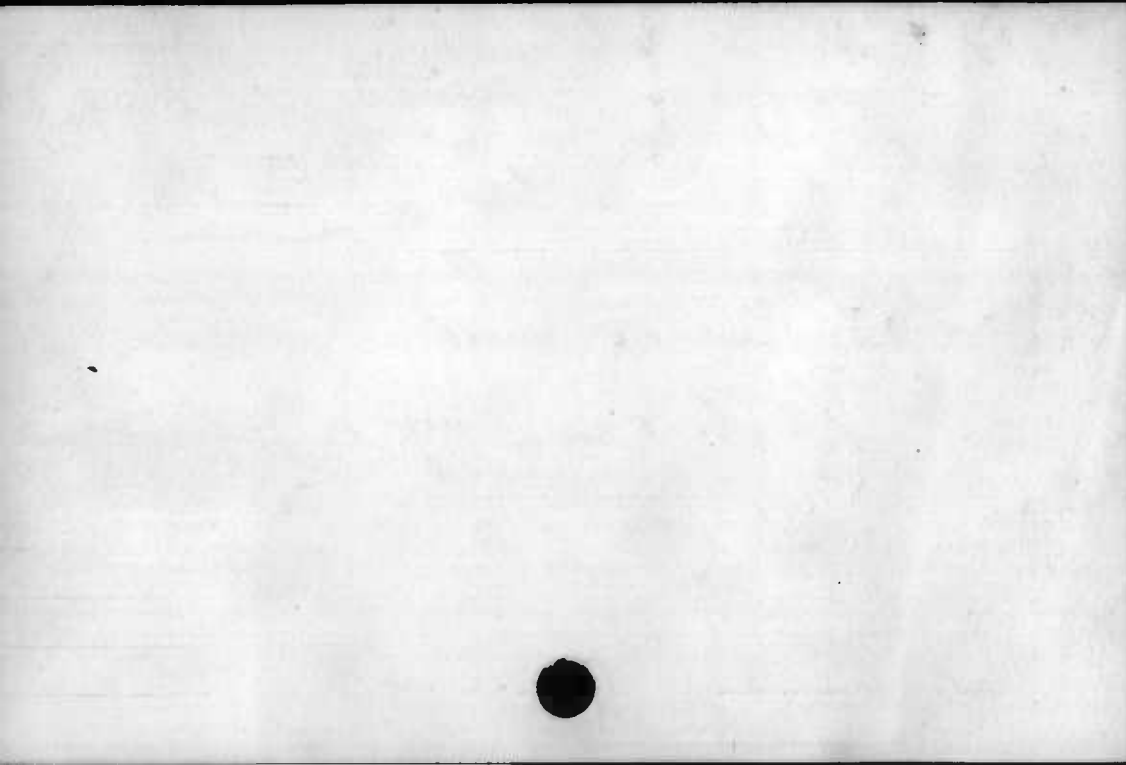
Died at <i>Hagerstown</i> ^{Town}		<i>md.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>oct</i> ^{Day}	<i>16</i> ^{Age}	<i>29</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>male</i>	Color or Race	<i>white</i>	Birthplace	<i>Va</i>
Occupation	<i>R.R. Conductor</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Abraham F. Judd</i>			Father's Birthplace	<i>Va.</i>
Mother's Maiden Name	<i>Rohette Frazier</i>			Mother's Birthplace	<i>Va.</i>
Name of person giving information	<i>Albert Judd</i>			How related to deceased	<i>brother.</i>

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Specified</i>	How long	<i>about 6 yrs</i>
Immediate	<i>Peritonitis from Gastric ulcer</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes -</i>	
Signature of Physician		<i>J. M. W. W. W.</i>	
Address		<i>Hagerstown. Md.</i>	
Accident or Suicide?			



Name
in
FullMrs. Milda W. ⁴ Lanekin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		1908	Month Oct	Day 8	Age 68	Years	Months —
Sex female		Color or Race white		Birth- place Va.		Days 10	
Occupation L. W.		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband S. L. Lanekin					
Father's Name William Middleton		Father's Birthplace Va.					
Mother's Maiden Name Mary Shields		Mother's Birthplace Va.					
Name of person giving In formation S. L. Lanekin		How related to deceased husband					

CAUSES OF DEATH

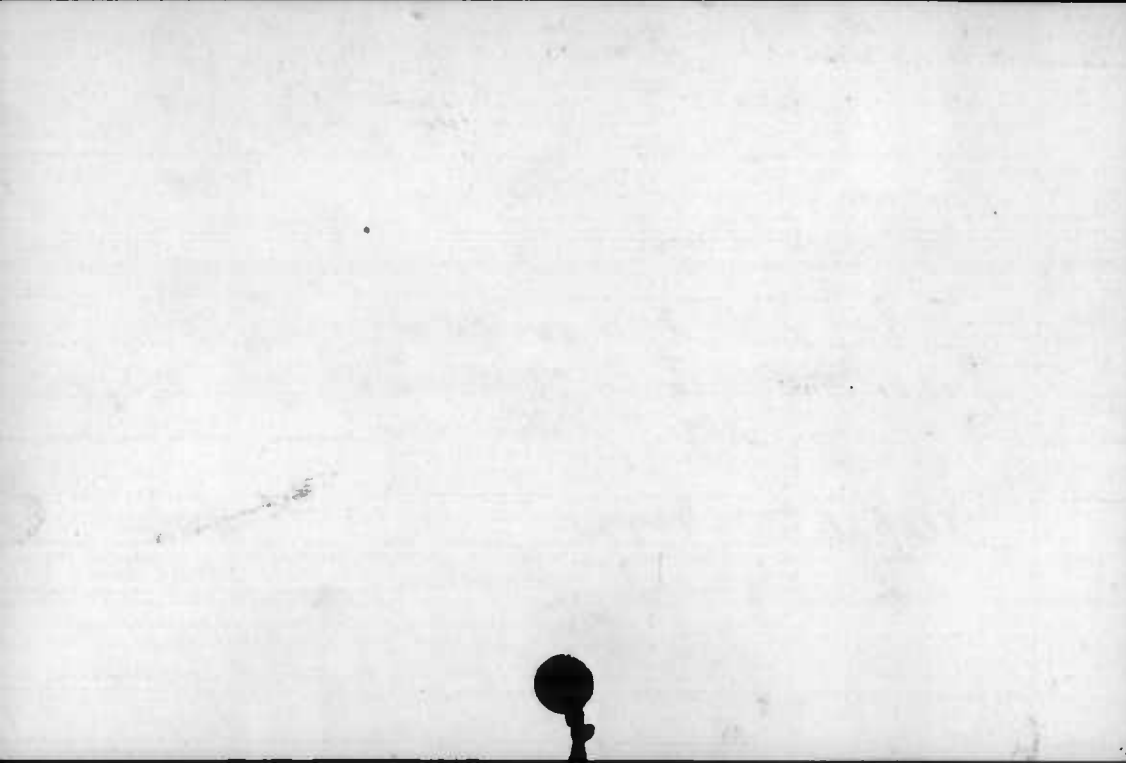
50

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	7 or 8 years
Immediate	Coma	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. S. Neaton	
		Address Hagerstown Md.	
Accident or Suicide?			

S
oct-12

Name in Full		CERTIFICATE OF DEATH			
Samuel R. Lowman		Town		County	
Died at		Near Smithsburg		Washington	
Date of death		1908	Month 10	Day 6	Age 75
Sex		Male	Color or Race	White	Birth-place
Occupation		Farmer		Where Residing if not at place of death	
Married, Single or Widowed		Married	Name of Wife or Husband		
Father's Name		Jacob Lowman		Father's Birthplace	
Mother's Maiden Name		Sant Kuper		Mother's Birthplace	
Name of person giving information		James C. Lowman		How related to deceased	
		CAUSES OF DEATH		142	
Primary		(Senile)		How long	
Immediate		Gangrene of foot		How long	
Are the name, age, sex, color, date and place correctly given above		Signature of Physician		Address	
		J. H. Ferguson		Reynolds Smithsburg	
		Sub Reynolds		Md	
Accident or Suicide?					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown*

Town

County

Wash.

Date

of death

1908

Month

10

Day

28

Age

Years

66

Months

8

Days

Sex

*Female*Color or
Race*white*Birth-
place*md.*

Occupation

*Seamstress*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*John McNamce*Father's
Birthplace*md.*Mother's
Maiden Name*Margaret Brogunier*Mother's
Birthplace*11*Name of person giving
Information*Mary McNamce*How related
to deceased*sister*

CAUSES OF DEATH

114

Primary

Hepatitis ven

How long

8 wks

Immediate

Hypercat chandran

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*A. D. Hauffer
Hagerstown
Md*

Accident or Suicide?

Suber

Name
in
Full

Hermia Adella Mayle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1908	Month Oct	Day 4	Age 2	Months 9	Days 11
Sex Female		Color or Race Colored		Birthplace Sistersville W. Va			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Warner W. Mayle		Father's Birthplace Phelps W. Va					
Mother's Maiden Name Lillian Dalton		Mother's Birthplace Athens Ohio					
Name of person giving information Warner W. Mayle		How related to deceased Father					


CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis	How long	10 days.
Immediate	Convulsions	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Ernest H. Gauthier	
Address		Williamsport Md.	
Accident or Suicide?			

Interred in
River View Cemetery
Williamsport Md
by

J. F. Krups
Undertaker


Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Samuel Meyers*

Town

County

Died at *Near Leidersburg**Washington*

MARYLAND

Date of death *1908 October*

Month

Day

22

Age

Years

1

Months

3

Days

*4*Sex *Male*Color or
Race*W*Birth-
place*Near Leidersburg*

Occupation

Where Residing if not
at place of death*at home*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Jacob Meyers*Father's
Birthplace*Welch River*Mother's
Maiden Name*Anna K Jacobs*Mother's
Birthplace*Wash Co Md*Name of person giving
In formation*Jacob Meyers*How related
to deceased*father**undertaken**A R Brubaker*

CAUSES OF DEATH

105

Primary

Gastro-Enteritis

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*W. P. Miller**Washington
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

Long Meadows

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Telghmanton ^{Town} Washington ^{County} MARYLAND	
Date of death 1908 ^{Month} Oct ^{Day} 3 ^{Age} Years Months 1/4 ^{Day} 4	
Sex Male Color or Race White Birth-place md	
Occupation _____	Where Residing if not at place of death _____
Married, Single or Widowed Single	Name of Wife or Husband _____
Father's Name Hiram C. Moats	Father's Birthplace md
Mother's Maiden Name Lilly Kitzmiller	Mother's Birthplace md
Name of person giving information Gertrude Moats	How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Delivery	How long 151
Immediate Debility	How long 1/4 day
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician V-M. Reichard
	Address Fairplay.
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

William L. Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1908	Month 10	Day 12	Age 73	Years 5	Months 13
Sex		Male		Color or Race white		Birth-place Md	
Occupation		Clerk		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary Morrison			
Father's Name		Lloyd Morrison				Father's Birthplace Md	
Mother's Maiden Name		Percilla Botter				Mother's Birthplace Md	
Name of person giving information		Carrie Morrison				How related to deceased Daughter	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonans	How long	30 yrs
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W L Morrison	
		Address Hagerstown Md.	
Accident or Suicide?		No	

W
13

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Henry Myers

Died at ^{Town} four weeks ^{County} Washington

MARYLAND

Date of death 1908 10 14 Age 68 Months Days

Sex Male Color or Race White Birth-place Fredrick md

Occupation Dock man Where Residing if not at place of death

Married, ~~Single~~ ^{Widowed} Name of Wife or Husband Edwora Myers

Father's Name not known Father's Birthplace unknown

Mother's Maiden Name " " Mother's Birthplace unknown

Name of person giving information Edwora Myers How related to deceased Wife

CAUSES OF DEATH

121

Primary Chronic Pyelitis How long
Immediate Uremia How long Few days

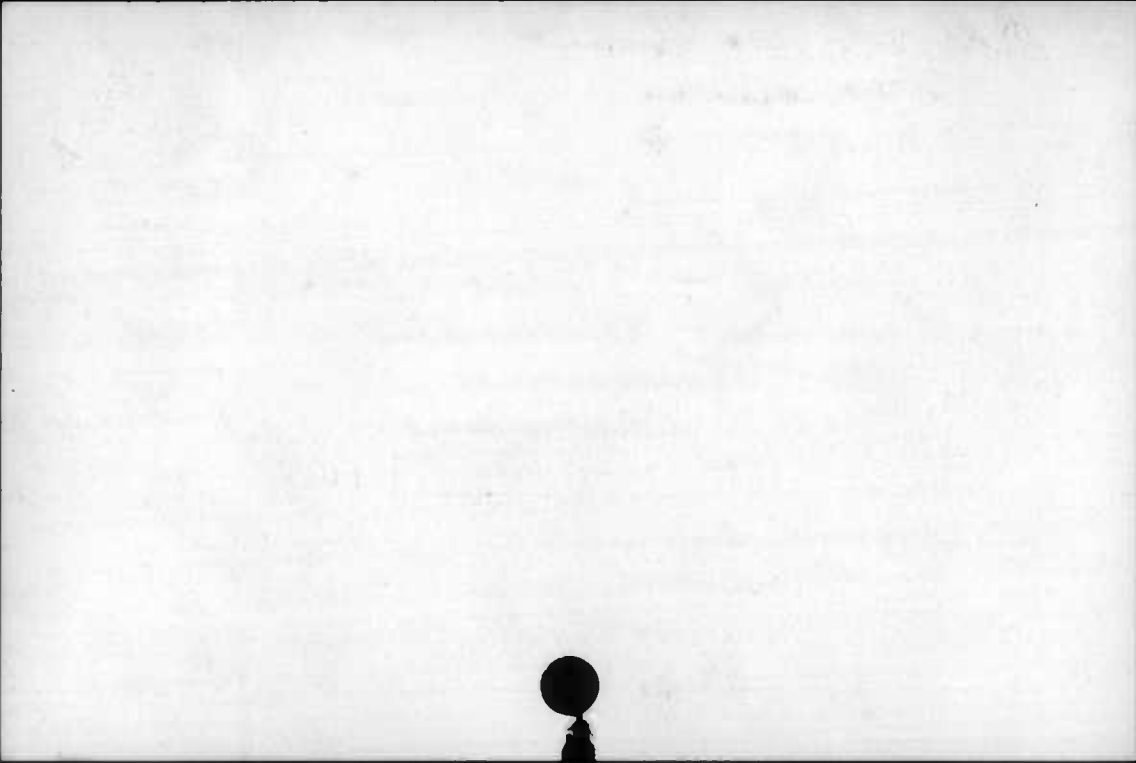
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. J. Mason
Clearspring md

Accident or Suicide?



Name
in
Full

Alfred Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>9</i>
Age	<i>80</i>	Years	Months		Days
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>married</i>	Name of Wife	<i>Mary Newman</i>		
Father's Name	<i>Samuel Newman</i>	Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Not Known</i>	Mother's Birthplace	<i>Md.</i>		
Name of person giving information	<i>W. C. Newman</i>	How related to deceased	<i>son</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>3 yrs.</i>
Immediate	<i>Asthemia and Cardiac Paralysis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Shamer M.D.</i>
		Address	<i>28 S Patomac rd Hagerstown Md.</i>
Accident or Suicide?			

5

Oct, 12

Name
in
Full

D. U. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

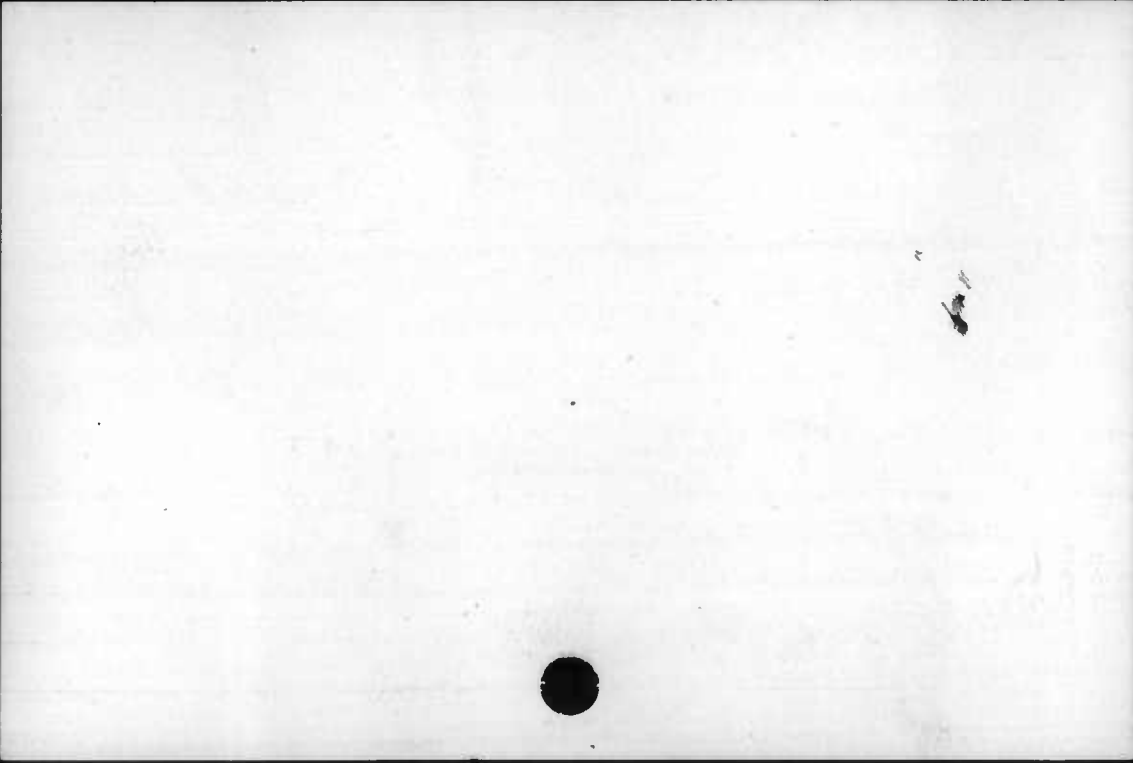
Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1908	Month <i>10</i>	Day <i>15</i>	Age <i>45</i>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Pa.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>New Kingston, Pa.</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	How related to deceased <i>none</i>				
Name of person giving information <i>Chas Hettrich</i>					

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>alcoholism</i>	How long <i>one hour</i>
Immediate <i>Paralysis of heart</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Blara S. Eirley</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name
in
Full

Hiram Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> ^{Month}	<u>18</u> ^{Day}	Age <u>60</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>unknown</u>		
Occupation <u>Hostler</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>unknown</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>			Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>Prof Matthews</u>			How related to deceased <u>Niece</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>3 days</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. C. Markham</u>
	Address <u>164 First St</u>
Accident or Suicide? <u>No.</u>	<u>721d</u>

2882

Name
in
Full

Unnamed child of Robt & Elizabeth Ruenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

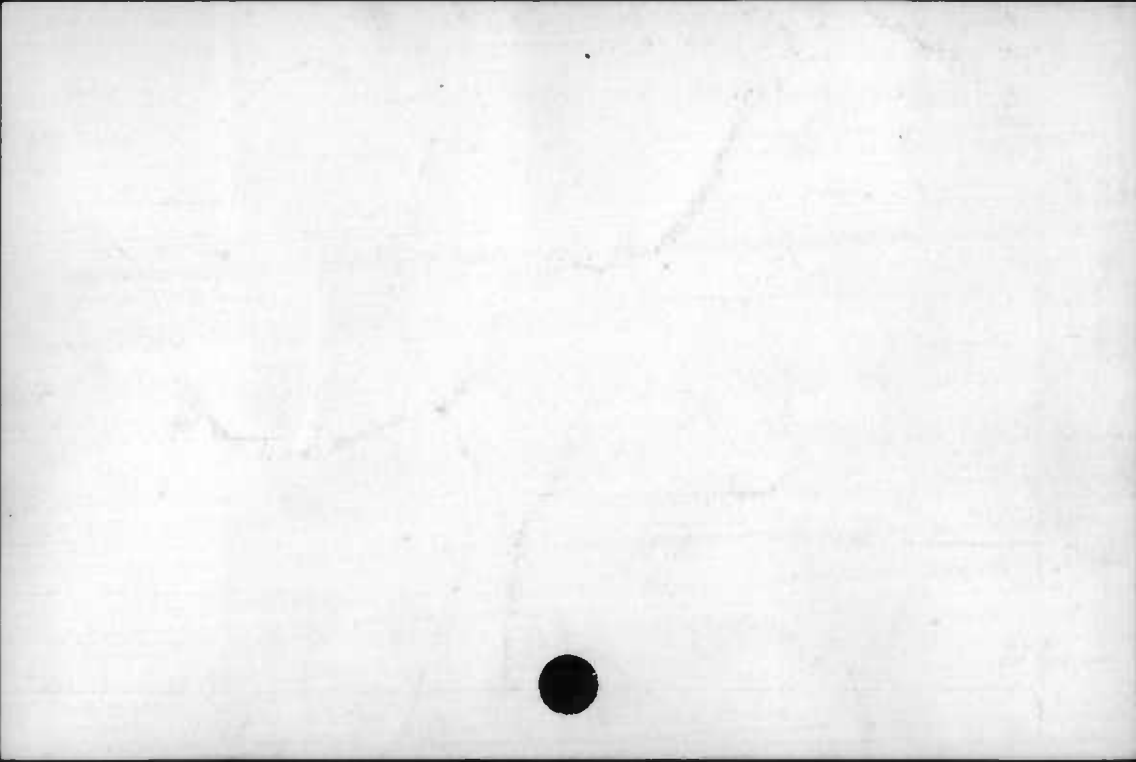
Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Oct</u> ^{Day} <u>21</u>		Age <u>—</u> ^{Years}		Months <u>—</u> ^{Days} <u>2 hours</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Hagerstown Md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robert Ruenberg</u>		Father's Birthplace <u>Ohio</u>			
Mother's Maiden Name <u>Elizabeth River</u>		Mother's Birthplace <u>Penn</u>			
Name of person giving information <u>Robt Ruenberg</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Prematurity</u>		How long <u>—</u>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. A. Dayman</u>	
<u>—</u>		Address <u>Hagerstown, Md</u>	
Accident or Suicide? <u>—</u>			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Mary A. Robinson

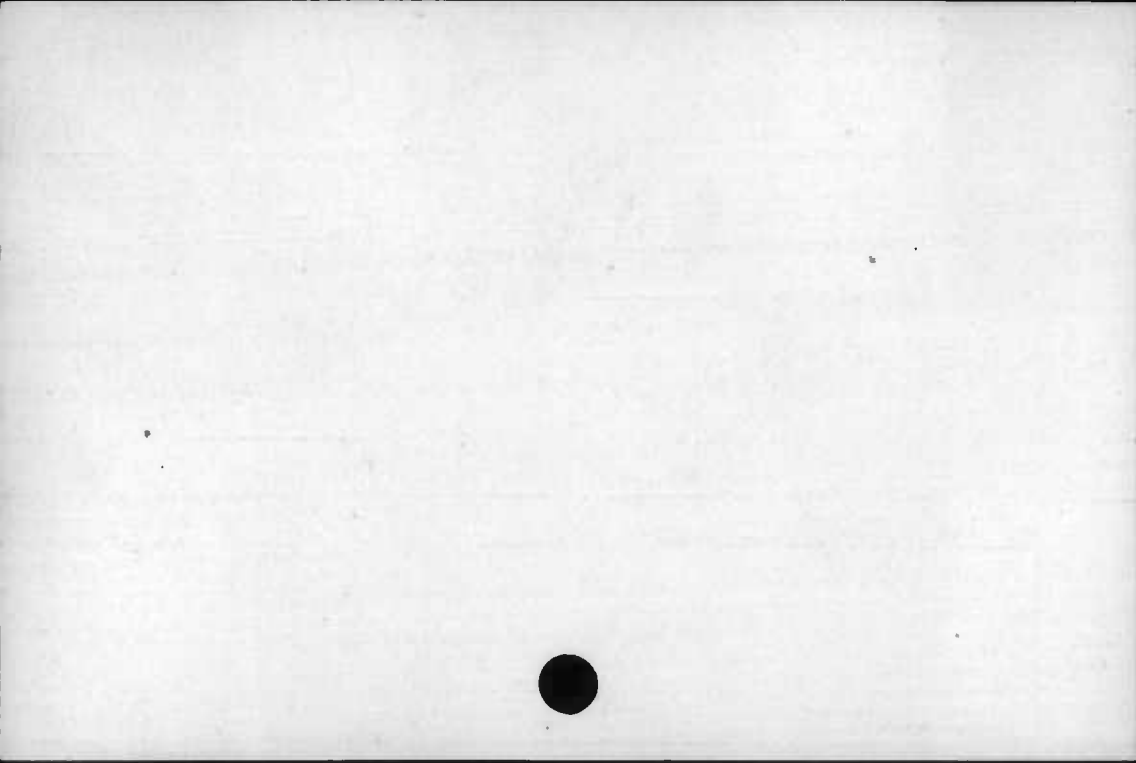
CERTIFICATE OF DEATH

Died at <u>Smithsburg</u> <small>Town</small>		<u>Hawkington</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>13</u>	Age <u>79</u> <small>Years</small>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Penn.</u>			
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>Smithsburg Md</u>				
Married, Single or Widowed <u>Not Married</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Thomas Robinson</u>	Father's Birthplace <u>P.A.</u>				
Mother's Maiden Name <u>Catharine Bowman</u>	Mother's Birthplace <u>M.D.</u>				
Name of person giving information <u>Albert Robinson</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

(62)

Primary	<u>Acute locomotor ataxia</u>	How long	<u>4 1/2 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. Tracy Bishop</u>	
		Address <u>Smithsburg Maryland</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Jacob Rudisill

TO BE ANSWERED BY
NEAREST FRIEND

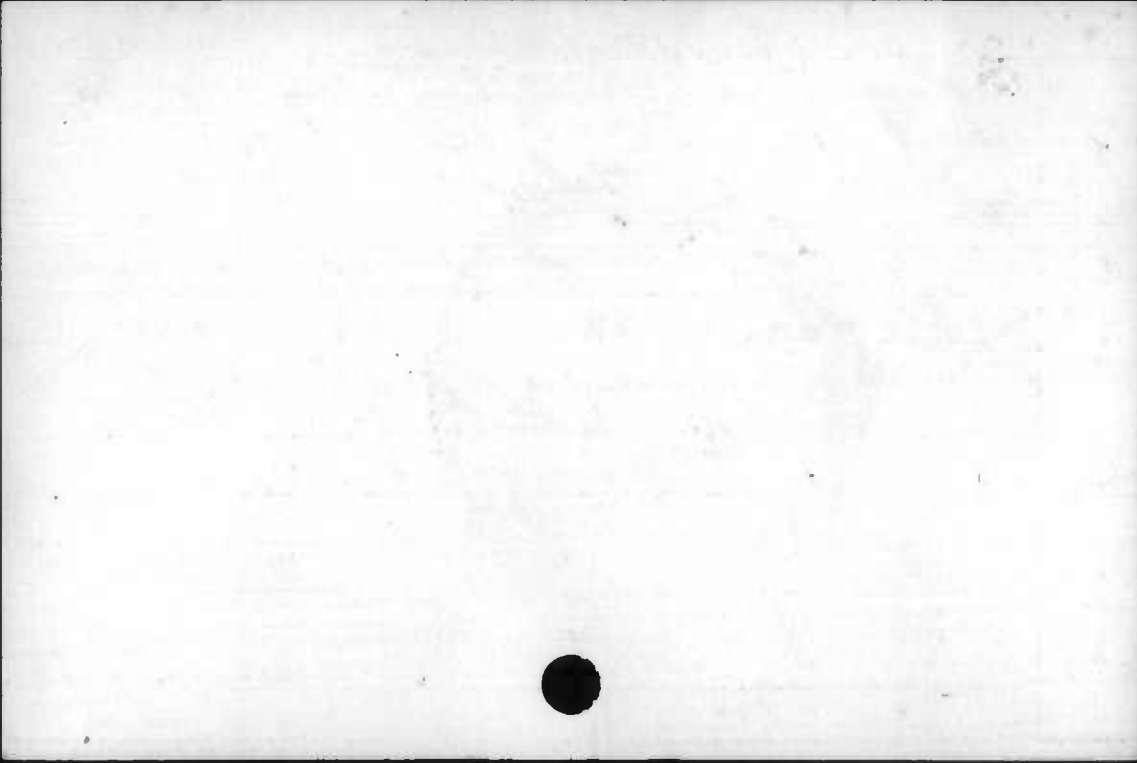
Died at		Town <i>Frankston</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death		Month <i>8</i>	Day <i>10</i>	Age <i>2</i>	Years	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frankston</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Frankston</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Shredrick Rudisill</i>				Father's Birthplace <i>Smithsburg</i>			
Mother's Maiden Name <i>Blora Myers</i>				Mother's Birthplace <i>Frankston</i>			
Name of person giving information <i>Shredrick Rudisill</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cause <i>Measles Complication</i>		How long <i>4 days</i>
Immediate Cause <i>"</i>		How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. B. [illegible]</i>
		Address <i>[illegible]</i>
Accident or Suicide? <i>Accident</i>		



Name
in
Full

William Henry Harrison Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>10</u>	Day	<u>22</u>
Age		<u>67</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>md</u>
Occupation	<u>Teacher</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>Caroline Harrison</u>		
Father's Name	<u>Abe Saunders</u>		Father's Birthplace <u>md</u>		
Mother's Maiden Name	<u>Sarah Bonney</u>		Mother's Birthplace <u>md</u>		
Name of person giving information	<u>Lutie Saunders</u>		How related to deceased <u>Niece</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Bright's Disease</u>	How long	<u>about 1 year</u>
Immediate	<u>Paralysis</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>A. B. Wilson M.D.</u>	
Address		<u>159 1/2 N. Jonathan St.</u>	
Accident or Suicide?		<u>no.</u>	
		<u>Hagerstown md.</u>	

London
England

Name
in
Full

William John Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND	
Date of death	1908	Month	10	Day	16	Age	Years
Sex	Male	Color or Race	White	Birth-place	MD	Months	Days
Occupation	Child	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William H Shaffer	Father's Birthplace					
Mother's Maiden Name	Gertrude Engels Kyschen	Mother's Birthplace					
Name of person giving information	William Shaffer	How related to deceased					

CAUSES OF DEATH

102

PHYSICIAN
OR CORONER

Primary	Stenosis of Esophagus	How long	17 days
Immediate	Starvation and Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. J. E. Hoff
		Address	Hagerstown
Accident or Suicide?			MD

Rose Hill
Coffman

Name
in
Full

Laura. Almira

Shank

CERTIFICATE OF DEATH

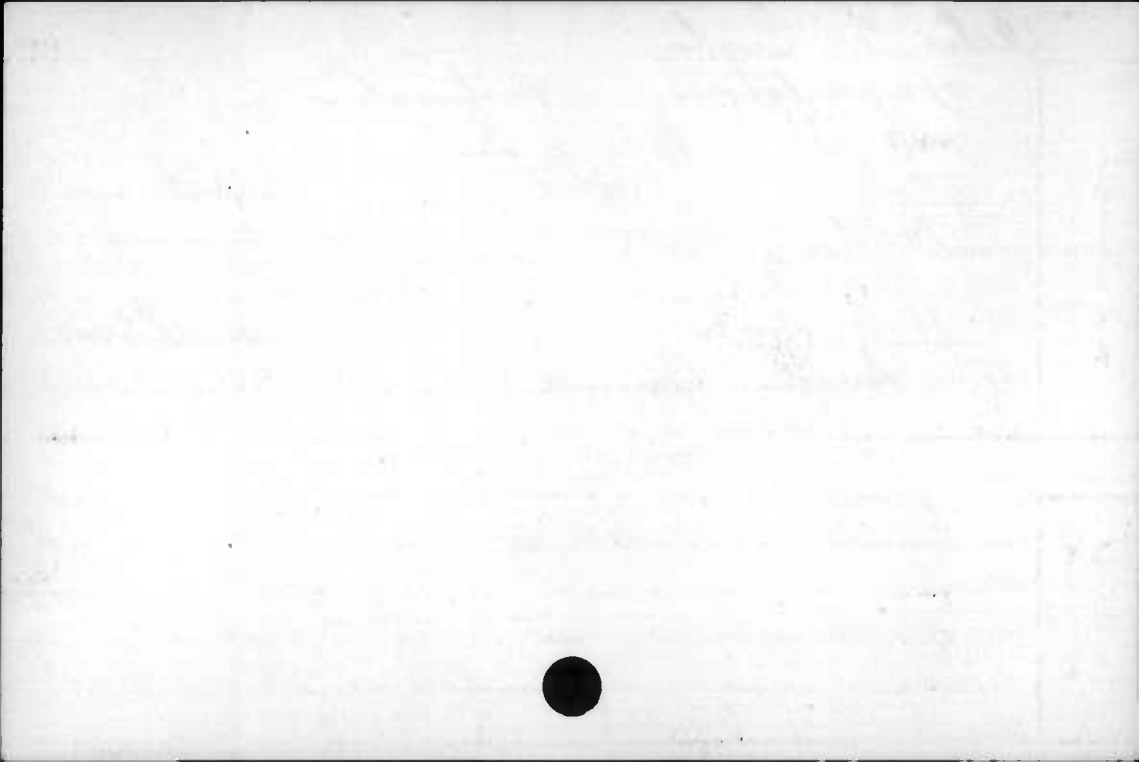
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Downsville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>Oct</u> ^{Month}	<u>20</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}
Sex	<u>Female</u>		Color or Race	<u>white</u>	
Occupation	<u> </u>		Birth-place <u>near Downsville</u>		
Where Residing if not at place of death			<u> </u>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>John D. Shank</u>		
Mother's Maiden Name			<u>Elizabeth M. Boff</u>		
Name of person giving information			<u>John D. Shank</u>		
Father's Birthplace			<u>Pruesburg</u>		
Mother's Birthplace			<u>near Downsville</u>		
How related to deceased			<u>Father</u>		

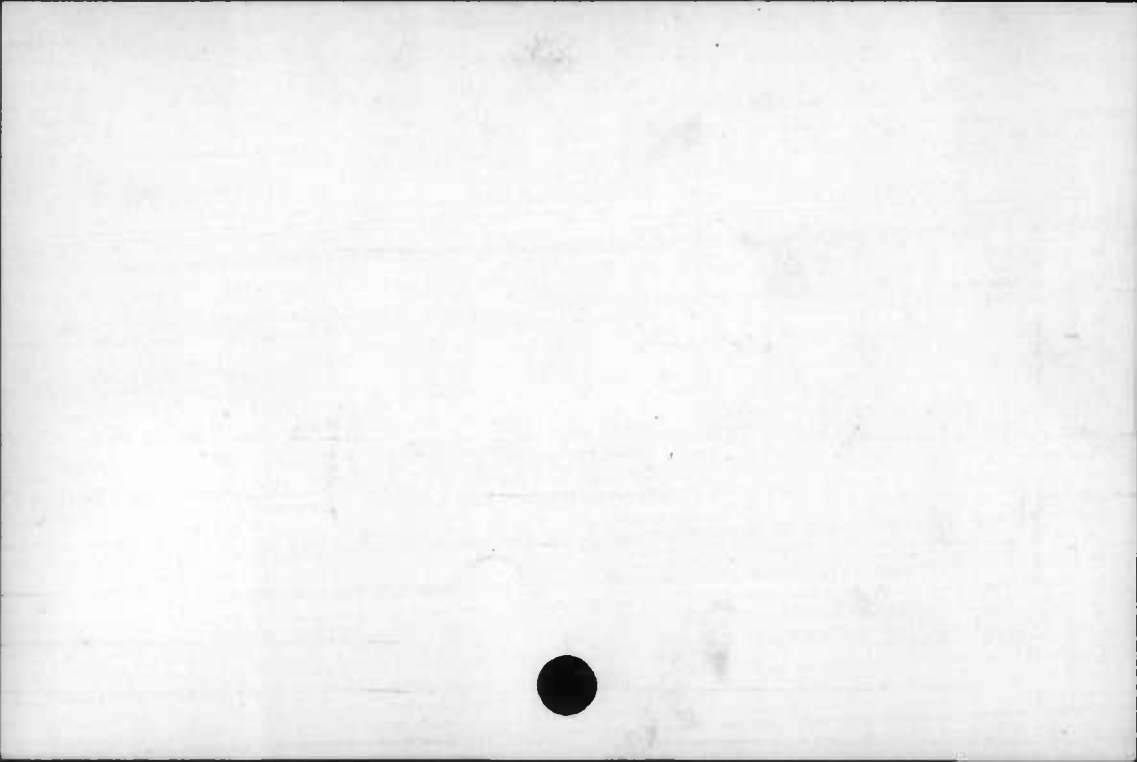
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Birth</u>	How long	<u> </u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Dr. S. T. Lesher</u>	
		Address	
		<u>Williamsport Md</u>	
Accident or Suicide? <u> </u>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND
	Date of death	190 <i>8</i>	Month <i>10</i>	Day <i>2</i>	Age <i>38</i> Years
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>	Months <i>—</i> Days <i>—</i>
	Occupation <i>Hotel Business</i>	Where Residing if not at place of death <i>Smithsburg</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>none</i>			
	Father's Name <i>H.C. Sigler</i>	Father's Birthplace <i>Smithsburg</i>			
	Mother's Maiden Name <i>Susan Brunner</i>	Mother's Birthplace <i>Middleburg</i>			
	Name of person giving information <i>Protius Sigler</i>	How related to deceased <i>Wife</i>			
CAUSES OF DEATH					118
PHYSICIAN OR CORONER	Primary <i>Appendicitis (Gangren)</i>		How long <i>4 days</i>		
	Immediate <i>..</i>		How long <i>7 hrs.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Preston Miller</i>		
			Address <i>Hagerstown Md</i>		
	Accident or Suicide?				



Name
in
Full

Catherine Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownboro</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>October</u> Day <u>24</u>	Age <u>73</u> Years	Months <u>6</u>	Days <u>12</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Washington County</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Brownboro, Md.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Lawson C. Smith, Deid.</u>				
Father's Name <u>Abraham Sigler</u>	Father's Birthplace <u>Washington County</u>				
Mother's Maiden Name <u>Elizabeth Belser</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information <u>Edward Smith</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Age =</u>	How long
Immediate	<u>Haplexy</u>	How long <u>2 Days =</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. B. Wheeler, M.D.</u>
		Address <u>Brownboro - Maryland</u>
Accident or Suicide?		



Name in Full		Certificate of Death			
Mattie H Smith		MARYLAND			
Died at <i>Hagerstown</i>		County <i>Washington</i>			
Date of death <i>1908</i>		Month <i>10</i>	Day <i>19</i>	Age <i>—</i>	Months <i>9</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Smith</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mattie Proctor</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Mattie Williams</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH 61					
Primary <i>Meningitis</i>		How long <i>Five days</i>			
Immediate <i>Meningitis</i>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. B. Bayle M.D.</i>			
		Address <i>—</i>			
Accident or Suicide? <i>no.</i>					

2283

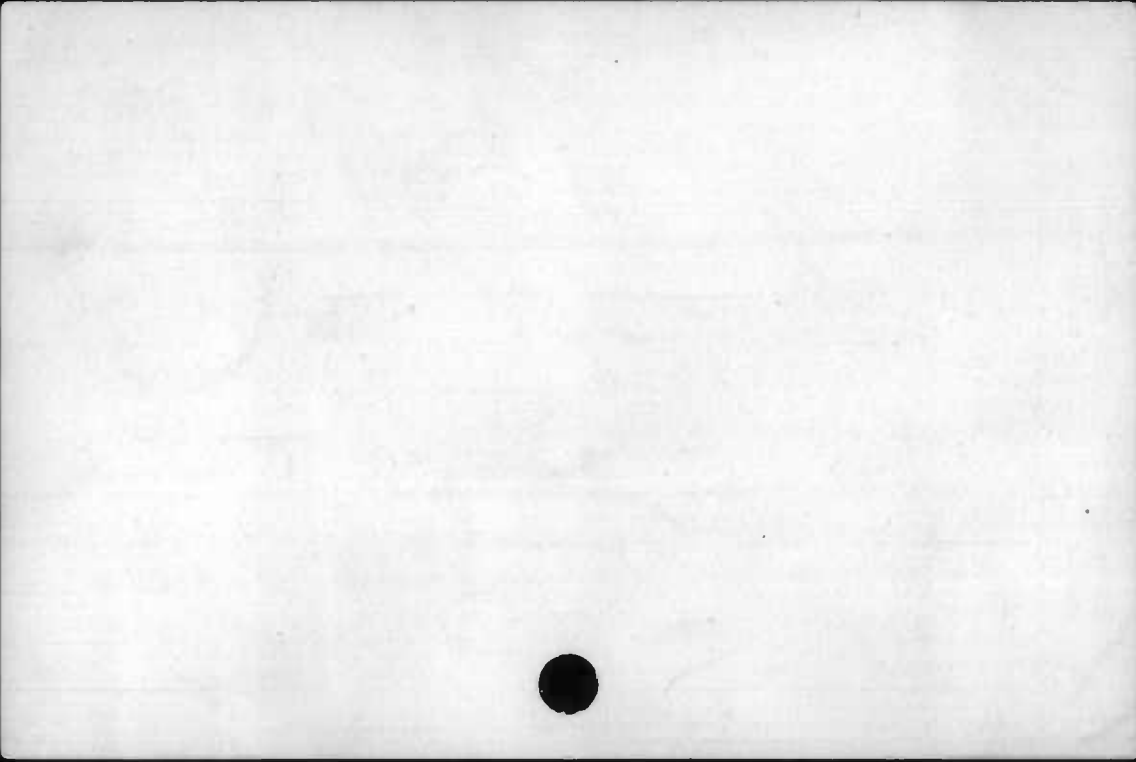
Halfway

Name in Full		Henry S Spessard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown		Washington		MARYLAND	
	Date of death	1908	Month 10	Day 3	Age 21	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John W Spessard				Father's Birthplace	md
	Mother's Maiden Name	Carrie Bounbach				Mother's Birthplace	md
	Name of person giving information	Carrie Spessard				How related to deceased	Mother
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	about 2 yrs
	Immediate	Exhaustion				How long	2 wks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Hagerstown - md		
Accident or Suicide?							

10/3
2868

Name in Full		Rush, S. Sponseller.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Clear Spring		County Washington,		MARYLAND	
	Date of death	1908	Month 10	Day 31	Years Age 44	Months	Days
	Sex	Male,		Color or Race White		Birth-place Clear Spring	
	Occupation	Merchant		Where Residing if not at place of death Clear Spring			
	Married, Single Widowed	Name of Wife or Husband Jennie Sodey Sponseller.					
	Father's Name	Jacob N. Sponseller.		Father's Birthplace		Williamsport Md	
	Mother's Maiden Name	Margaret Cook.		Mother's Birthplace		Clear Spring	
Name of person giving information	Jennie Sponseller.		How related to deceased		Wife.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Alcoholism.				How long	Four Weeks
	Immediate	Exhaustion & Heart Failure				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. D. Perry
					Address		Clear Spring Md
Accident or Suicide?							

56



Name
in
Full

Helen Malinda Stollmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forge</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>10</i>	Day	<i>13</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>0</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>Child</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Jas Stollmeyer</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Elara Garsh</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Jas Stollmeyer</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Cyanosis from blood accumulation</i>	How long	<i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. D. Stuffer</i>	
		Address <i>Hagerstown, Md</i>	
Accident or Suicide?			

C

B. Creek.

Oct 14

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1908

Month

Oct.

Day

15

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Hagerstown, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Edgar Stouffer

Father's
Birthplace

Leitersburg, Md.

Mother's
Maiden Name

Marcie Anderson

Mother's
Birthplace

Leitersburg, Md.

Name of person giving
information

Edgar Stouffer

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

